



Office of Planning Council Support  
United Way of Greater Union County  
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[www.nemaplanningcouncil.org](http://www.nemaplanningcouncil.org)



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## **Newark EMA HIV Health Services Planning Council CONFIDENTIALITY AGREEMENT (FY'2021)**

### **I. Purpose**

Staff and volunteers of the Planning Council (PC) receive and review personal and sensitive information about existing members and applicants. Therefore, this Confidentiality Agreement aims to protect the identity, personal information and privacy of existing members and applicants of the Newark EMA HIV Health Services Planning Council.

### **II. Confidential Information**

Confidential member or applicant information including any files and/or documents should never be discussed in the presence of parties or shared/released to parties other than current Planning Council Support Staff or members. Confidential information includes, but is not limited, to the following:

- Information identifying the member or applicant as a person living with HIV
- Information regarding any other medical information,
- Information regarding the member or applicant's gender identity
- Information regarding the member or applicant's ethnicity
- Information regarding the member or applicant's age
- Information regarding the member or applicant's sexual orientation
- Information regarding the member or applicant's immigration status
- Any other sensitive information obtained because of the member or applicant's Planning Council membership.

### **III. Exclusion from Confidential Information**

Information regarding Planning Council members' HIV status and demographics may be released only to the Ryan White Recipient's Office - Newark Department of Health, Planning Council Support Staff and the Health Resources and Services Administration (HRSA), by self-report and/or in aggregate form for the purpose of reviewing Planning Council membership candidacy and meeting federal and/or local mandates for the representation of key stakeholders (Reflectiveness Report).

#### IV. Terms

By signing this Confidentiality Agreement, I agree to the highest ethical standards to protect the confidentiality of all PC members and to abide by the following provisions:

- All communications between the Planning Council Support staff, and PC volunteers related to fellow members or applicants are confidential.
- All information contained in documents or records, or discussed during interviews, needs assessments, meetings or other situations that may arise as the Council carries out its mandated responsibilities shall remain confidential, including the personal views, experiences, concerns and other sensitive information shared by any members of the Planning Council or its subcommittees, or otherwise obtained because of my Planning Council membership.
- All minutes, reports or documents posted on the Council's website and social media, personal information shared in a committee, or Planning Council meeting - with special emphasis on information shared at the *Community Involvement Activities Committee* meetings – should be referenced generally rather than identified with a particular individual.
- The PC Support Staff and/or volunteer shall not disclose confidential information to a third party without the member or applicant's express consent to release such information. It is up to the individual to decide whether and when to publicly disclose his/her HIV status, medical status, co-morbidities, and other personal information.
- As a PC staff and/or volunteer, I have a duty to keep member and/or applicant information confidential throughout my term as a staff and/or volunteer as well as after my employment and/or volunteer status ends.
- Failure to abide by the terms of this Confidentiality Agreement may result in disciplinary procedures against me, up to and including the removal of my employment and/or volunteer membership with the Newark EMA HIV Health Services Planning Council. Any perceived violation of the Planning Council's Confidentiality Agreement is to be addressed and resolved by the Planning Council's Executive Committee.

#### V. Acknowledgement

I, \_\_\_\_\_, acknowledge:

- Reading the Newark EMA HIV Health Service Planning Council's Confidentiality Agreement in its entirety.
- Receiving a copy of this statement and having an opportunity to discuss it with a member of the Planning Council Executive Committee or Planning Council Support Staff.
- Understanding the terms of this confidentiality agreement and my responsibilities as a Planning Council employee and/or volunteer member.
- Agreeing to the conditions set forth in this Statement of Confidentiality.

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Signature of Staff or Volunteer

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Date